

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033525

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 24 1962

Primary Registration District No.

Registrar's No.

294

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Rural Greentop		c. CITY OR TOWN Greentop, Mo.	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location) 5 miles East Greentop	
3. NAME OF DECEASED (Type or print) First James W. Middle Hart Last Hart		4. DATE OF DEATH Month 9 Day 19 Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and state or country) Adair County, Mo.
13a. FATHER'S NAME Richard Hart		13b. MOTHER'S MAIDEN NAME Marie Mackay	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Mrs. Herman (J. ne) Ladwig, Queen City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) Exposure DUE TO (c) Tractor turned over on him		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 10 hrs. 10 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Generalized Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) Tractor turned over on him as he was operating it. It was not found or released for approx. 10 hrs.	
20c. TIME OF INJURY Hour 10:30 a.m. 9/19/62 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION 6 mi. E. Greentop, Adair Mo.	
21. I attended the deceased from 8/23/50 to 9/19/62 and last saw him alive on 9/16/62		Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Edward M. Roberts, M.D.		22b. ADDRESS Queen City, Mo.	
22c. DATE SIGNED 9/21/62		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 22, 1962	23c. NAME OF CEMETERY OR CREMATORY Fort Madison Cemetery,	23d. LOCATION (City, town, or county) (State) Adair Co. Greentop, Mo.
24. FUNERAL DIRECTOR Dee Riley Funeral Home, 415 N. Franklin		25. DATE RECD. BY LOCAL REG. 9-21-62	26. REGISTRAR'S SIGNATURE Noris W. Ratliff
27. SIGNATURE OF DECEASED'S STATEMENT ON REVERSE SIDE W. Jackson Pres Kirksville, Mo.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit issued Sept 21, 1962

EDWARD M. ROBERTS, D.O.

MAY 22 1963

OCT 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm Jackson

Licensed Embalmer No. 3954

P. O. Address Richville SMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.